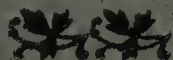


AC 44 26

CITY OF OXFORD
EDUCATION COMMITTEE



REPORT
OF THE
MEDICAL OFFICER
FOR THE
YEAR 1933



Oxford
THE HOLYWELL PRESS, LTD.

CITY OF OXFORD
EDUCATION COMMITTEE



REPORT
OF THE
MEDICAL OFFICER
FOR THE
YEAR 1933



Oxford
THE HOLYWELL PRESS, LTD.

TABLE OF CONTENTS.

	PAGE
1. REPORT OF THE SCHOOL MEDICAL OFFICER	5
2. REPORT OF THE CLINICAL SCHOOL MEDICAL OFFICER ..	9
3. REPORT OF THE SENIOR DENTAL SURGEON	19
4. REPORT OF THE ORGANISER OF PHYSICAL TRAINING ..	25
5. SPECIAL REPORT ON THE OPEN-AIR SCHOOLS AT WYTHAM	33
6. SPECIAL REPORT ON THE WORK OF THE EDUCATIONAL CLINIC	37

STAFF

MEDICAL OFFICERS

School Medical Officer : G. C. Williams, M.A., M.R.C.S., L.R.C.P.,
D.P.H.

Clinical School Medical Officer : A. L. Ormerod, D.M., F.R.C.P.,
D.P.H.

Assistant School Medical Officer : R. J. Toleman, M.B., B.S., D.P.H.

DENTAL SURGEONS

Senior Dental Surgeon : J. F. Allin, M.C., L.D.S., R.C.S. (Eng.).

Assistant Dental Surgeon : Miss H. Shilton, L.D.S., R.C.S. (Eng.).

SCHOOL NURSES

Part-time service of the City Health Visitors, corresponding to the
whole-time service of two nurses.

Senior School Nurse : Miss M. J. Jackson.

School Nurses : Miss E. Button, Miss D. Finucane, Miss E. M.
Reeves, Miss N. W. Ingle, Miss F. A. Amos, Miss D. Reeves.

DENTAL NURSES

Senior Dental Nurse : Miss N. M. Adamson.


Dental Nurse : Miss M. Wilson (resigned 1933).

Dental Nurse : Miss R. A. A. Yockney (appointed 1933).

SCHOOL MEDICAL CLERKS

Senior Clerk : Miss W. Hunt.

Clerk : Miss D. B. Turner.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29942767>

Report of the School Medical Officer.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the School Medical Service for 1933.

1. ADMINISTRATION.

Miss Yockney has succeeded Miss Wilson as Assistant Dental Nurse, but otherwise there have been no changes in the staff.

The reports of Dr. A. L. Ormerod, Clinical School Medical Officer; Dr. R. J. Toleman, who acts as Medical Secretary for the Educational (Child Guidance) Clinic of which Dr. T. S. Good is the Medical Director; and of Mr. J. F. Allin, Senior Dental Surgeon, are appended.

2. CO-ORDINATION.

The work has been conducted on the same lines as in 1932, and the close co-operation which exists between the various Public Health and Voluntary Services is an important factor in the well-being of the school population.

The School Care (formerly School attendance) Department has continued to be of the very greatest help in many ways, and we owe much to Mr. Coghlan and his assistants for the care they have taken in dealing with children absent through sickness.

3. MEDICAL INSPECTION AND TREATMENT.

(a) *School Clinics.*

A considerable increase in the number of attendances is again recorded, and steps are being taken to meet the needs of the rapidly increasing school population in the outlying portions of the City. In November a new Clinic was opened at Summertown in the Infant School. At the beginning of this year a second weekly session was arranged at the Headington Clinic, and provision was made in temporary quarters at the corner of Temple Road, Cowley, for a weekly session in lieu of one of the three formerly held at St. Aldate's. The Senior Dental Surgeon draws attention to the need for a permanent dental clinic in Cowley, and it is hoped to provide this and a clinic for minor ailments at one of the new Council Schools.

The recent appointment of an additional Health Visitor will make a further extension of the work possible.

(b) *Medical Inspection.*

(i) *Uncleanliness.* During the year a determined effort was made to reduce the number of verminous heads found in the schools,

A notice in large type was posted in those schools where the Headmistress or Headmaster thought it to be desirable. The notice drew the attention of parents and guardians to the undue prevalence of verminous conditions in the school, and explained where and when help could be obtained. The all too frequent excuse of 'catching it at school' has been met to a certain extent by a general head inspection at the schools as soon as possible after each holiday.

Children who are found to be verminous, and who either present themselves in a clean state at the school clinic or are cleansed at the clinics, are allowed to return to school, but in certain cases where no steps are taken by the parents to cleanse the child or send her to the clinic the following procedure is adopted :—

A notice is sent to the parents stating the reason for which the child has been excluded from school, and informing them that the child will not be allowed to return to school until he/she brings a certificate from the School Medical Officer.

If this notice produces no effect, a warning notice is sent pointing out to the parents the serious view taken of the condition, and informing them of the facilities available for dealing with the trouble.

Neglect to comply with this warning notice results in a Final Warning Notice, which informs the parents that unless they take immediate steps to present the child in a fit state to return to school they will be summoned without further notice before the Magistrates for a breach of the School Attendance By-laws or the provisions of the Children Acts, 1908-32.

During the year 377 children were found to be verminous and were excluded from school. Of these, 350 attended minor ailment clinics and were allowed to return to school after a very brief absence. In 22 cases it was necessary to send Preliminary Warning Notices, which had to be followed up by Final Notices in five cases, but it was not necessary to take legal proceedings in any instance.

(ii) *Defective Vision.*

The figures dealing with defective vision closely approximate to those of 1932, and though the cost is considerable it is impossible to over-estimate the value of eyesight, and in the majority of instances the money is well spent.

During the year revised financial arrangements were made with the Eye Hospital, and it was agreed to pay a lump sum of £136 for refractions, estimating on an average of 500 refractions a year ; the amount of £136 to be subject to revision if at any time the number of cases substantially exceeds or falls below the average on which it is based.

(iii) *Infectious Diseases.*

Measles was very prevalent towards the end of the year, but the type generally was not severe. During the early months there were outbreaks of mumps and chicken pox in every part of the City.

Apart from some mild cases of scarlet fever in the summer, the district was comparatively free from the more serious infectious diseases.

Quite a large number of children suffered from two or three forms of infectious disease during the year, entailing absence from school for long periods.

4. TUBERCULOSIS.

The following children attended the Tuberculosis Dispensary during the year :—

A. New Cases.

(a) Definitely tuberculous: Pulmonary ...	...	1
Non-pulmonary ...	...	3
(b) Diagnosis not confirmed or non-tuberculous .		70

B. Cases on Dispensary Register at Dec. 31, 1933.

(a) Definitely tuberculous: Pulmonary ...	...	7
Non-pulmonary ...	...	22
(b) Diagnosis not completed ...	...	20

5. MENTAL DEFICIENCY.

Twenty-eight children were examined by the Certifying Officer during the year with the following results :—

(1) Cases not certified ...	...	0
(2) Feeble minded but educable in a special school ...	...	5
(3) Mentally deficient and ineducable in a special school ...	...	20
(4) Mentally deficient and cannot be further educated in a special school ...	...	0
(5) Mentally deficient and ineducable in a special school owing to special circumstances ...	...	1
(6) Cases not certified but to be kept under observation ...	...	2
		—
		28
		—

6. SPECIAL SCHOOLS AND CLINICS.

The Clinical School Medical Officer records the work of the Open Air School, and the 'Country' Schools at Wytham. Another special report on the Wytham School will be found at the end of this report. Mr. R. W. ffennell has still further improved the equipment and buildings, and his personal enthusiasm together with that of the teachers concerned has made the Wytham Country Schools an undoubted success.

7. PHYSICAL TRAINING.

Miss E. C. Terry, the Organiser of Physical Training, works in close co-operation with the School Medical Service. Physical exercises, organized games and swimming as part of the regular school curriculum are under the supervision of responsible persons acting in co-operation with the School Medical Officer, but, in the case of sports conducted by outside bodies, no such supervision exists, and there has been a suspicion that, in a certain number of instances, children have been overtaking their strength, especially in the case of swimming, where one has to reckon not only with strain and excitement, but also with cold and, possibly, fright, as children who are extremely poor performers in the water will enter their names. Careful observation last summer showed that the suspicion was not unfounded, and a circular was drafted making suggestions as to the age and efficiency of entrants and the number and nature of events for which a child should be allowed to enter. The circular was not only accepted but cordially welcomed by the various bodies concerned, and I have every hope that there will not be any further difficulty.

8. DEATHS OF CHILDREN AGED 2—15 YEARS, 1933.

Tuberculous Meningitis	...	...	...	5
Tuberculous Peritonitis	...	...	...	1
Diphtheria (laryngeal)	...	...	...	2
Polio-encephalitis	...	...	...	1
Meningitis	...	...	...	2
Streptococcal Septicaemia	...	...	...	4
Influenza and Whooping Cough	...	...	...	1
Influenza and Pneumonia	...	...	...	1
Bronchitis	...	...	...	1
Pneumonia	...	...	...	1
Violent deaths	...	...	...	7
Other defined diseases	...	...	...	4
			—	
			30	
			—	

The causes of the violent deaths are as follows :—

- (1) Injuries following a traffic accident, 4; ages 15, 6, 6 and 2.
- (2) Drowning, 2; ages 5 and 3.
- (3) Coal gas poisoning, 1; age 15.

I am,

Your obedient servant,

G. C. WILLIAMS,

School Medical Officer.

Report of the Clinical School Medical Officer.

The work has been conducted on the same lines as in former years and calls for little special comment.

The number of schools taking advantage of the facilities offered at Wytham has increased to fourteen and there is a tendency to start the excursions earlier and finish them later in the year, but a special report which will be found at the end of this report was presented to the Education Committee in September, and it is only necessary here to stress once more some of the beneficial effects. Not only have change of scene, fresh air and rest improved the health of the children but teachers, thus brought into close touch with their charges in a variety of ways, have been able to effect certain salutary changes in the home life. Doubtless some of the exhibitions of food, which, incidentally, were religiously packed up and taken home again and not distributed among the less fortunate, were sent for ostentation rather than dietetic purposes, but a couple of chocolate eclairs and a bag of sweets as a mid-day meal only too frequently at first provided an opening for a little practical advice. This is a medical and not an educational report, but the health of the body and the health of the mind cannot be dissociated, and there is no doubt that the awakening noted by all the teachers even in the case of the dullest children and the provision of fresh interests will have a far-reaching effect on the lives of those who have been fortunate enough to go to Wytham.

Last year I expressed the hope that the work of the Minor Ailment Clinics might be extended, for I am very strongly of opinion that these clinics serve a very useful purpose not only in reducing the loss of attendances in case of contagious diseases, eliminating a good deal of home-visiting and saving the children from discomfort, pain and sometimes serious trouble, but also in bringing parents, who are really interested in the welfare of the children, into close touch with the school medical service.

The growth of the work during the last three years is shown by the following figures:—

			1931.	1932.	1933.
First attendances	...	...	1857	2161	2325
Subsequent attendances	...		3535	4168	4844
			—	—	—
Total	...	...	5392	6329	7169
			—	—	—

The figures for 1933 include 75 first and 125 total attendances at the new clinic at Summertown which was opened in November to meet the needs of the rapidly-increasing population.

Excluding the Summertown figures, 60·8 per cent. of the total attendances were made at St. Aldate's, where three sessions are held weekly, while Cowley Road and Headington, which are open one day a week only, were responsible for 12·6 per cent. and 26·6 per cent. respectively. A long distance between the school and the clinic is a great drawback, especially in the case of little children, and there is urgent need not only for an additional session at Headington, where the average attendance was 43·5, but also for a new centre in the neighbourhood of Temple Road to meet the needs of Temple Cowley Senior School, St. Christopher's Infants' and Junior, St. James' and Our Lady R.C. Schools with a total of over 1,000 children on their registers. It is a great satisfaction to me to be able to report that steps are actually now being taken to deal with the problem. New school buildings and recent additions to many of the existing ones have greatly facilitated the work of school inspection, as it is now possible in most cases to examine the children without unduly upsetting the school curriculum. The figures show a slight increase in the number of routine inspections attributable largely to the arrangement for admitting out-district children to the new Temple Cowley School. The wave of high birth-rate which followed the war has almost passed through the schools, but, in spite of this and of the continued fall in the birth-rate, the growth of the City is resulting in a steady increase in the school population, notwithstanding the factors making for reduction.

In the case of 'other inspections,' there is an increase of roughly 250 due to the increasing popularity of the Minor Ailment Clinics, and, although it cannot be denied that some of the 'ailments' are of a distinctly minor character, the fact that so many parents bring or send children suffering from bad hearts or other affections calling for careful observation is evidence that the work is really appreciated.

A mass of figures will be found in the tables appended to this report, but I should like to draw special attention to one or two matters.

Malnutrition. It has only been necessary in one or two cases for the Education Authority to provide meals but, as I stated in my last report, teachers, nurses and all concerned with the work have kept their eyes wide open, ever remembering that real privation need not be associated with rags and grubbiness. Thirteen cases of malnutrition requiring treatment are recorded in Table II, but the trouble was not due to an insufficiency of food.

Vision. One hundred and sixty-five cases, in which defective vision was suspected, were referred to the Eye Clinic and glasses were prescribed in 122 instances and 266 children wearing glasses were brought

up for re-examination on the instructions of the hospital. There is a considerable increase in the number of cases of squint, 39 referred for treatment and 29 for observation against 23 and 23 respectively in 1932, and though it is unfair to draw deductions from such small figures and quite unjustifiable, though tempting, to assume that the exigencies of modern traffic are evolving a child who can do better than looking first to the right and then to the left, as they are taught at school, by looking both ways at once, it may reasonably be asked why these 29 cases were kept under observation and not referred for treatment at once.

Parents, whose small children, and many of these cases are quite little mites, do wear glasses, will not ask why so many cases are left untreated but will wonder in what percentage of the 39 children treated the time and money was simply thrown away. I am afraid that the results are not always what one hoped for: some children simply won't, and don't, wear their spectacles, others attribute their absence to loss or forgetfulness, while a pitifully large number appear in school with bent frames and lenses smeared all over with dirt and grease. Whether a case should be referred for treatment or kept under observation is often decided by a consultation with the health visitor and the teacher, but only too often the results prove that we have been too optimistic.

Six children were admitted to the Eye Hospital through the clinics, two for operations for squint, two suffering from interstitial keratitis, one with a corneal ulcer and a bad case of phlyctenular conjunctivitis.

Nose and throat affections. Cases of simple enlargement of the tonsils have been omitted from the observation list, and no distinction has been drawn between cases operated upon for tonsils, adenoids, or tonsils and adenoids, as the necessary data were not available, but this omission will be rectified in future.

Orthopaedic cases. The figures in the table apply only to cases sent directly through the school medical service.

Suspected pulmonary tuberculosis. The special clinic held at the Radcliffe Infirmary deals with contacts from infected homes referred to it from the Tuberculosis Dispensary, cases of chronic bronchitis and other allied affections and, for want of a better term, delicate children. Many of the patients call for careful observation over a prolonged period and though, from the medical standpoint, the possibility of tuberculosis must be borne in mind, the lay expression 'sickening for consumption' is certainly not applicable. The clinic serves a very useful purpose, and last year there were 188 first and 582 subsequent attendances, making a total of 770.

Cleanliness. There was a small increase in the number of inspections and of those who were found to be unclean. The firm line adopted by the Committee has had a good effect and the 'heads' are being cleaned

up far more quickly, but there are still far too many old offenders. By shaving the head and disinfecting the scalp it would be possible really to clean a child in a very short time, but local applications, washing and combing call for much time and labour. Some children feel the disgrace very acutely, but it is impossible to have them in school, and all the others know why they are away. We continue to bring pressure to bear on the parents, but we are up against overworked mothers with large families, lack of facilities, bad light and often poor eyesight, and if there is not a new baby there is sure to be one coming.

SPECIAL SCHOOLS.

Open-Air School.

On register, 1/1/33	...	Boys, 20.	Girls, 19.	Total, 39.
Admitted during year	...	„ 17.	„ 6.	„ 23.
Left during year	...	„ 15.	„ 8.	„ 23.
On register, 31/12/33	...	„ 22.	„ 17.	„ 39.

The 23 leavers include three children who left the district and two whose condition called for prolonged institutional treatment. Two cases were taken off the register as full advantage was not being taken of the facilities and one child left as he had become too old for the school, but the remaining 18 were able to return to ordinary schools. I can again report that the immediate results have been eminently satisfactory and, as time passes, there is stronger and stronger evidence that, in the great majority of instances, the benefit derived from the treatment is likely to be permanent.

SECONDARY SCHOOLS.

A large percentage of the new admissions came from Elementary Schools in Oxford and were medically examined before being awarded scholarships.

Milham Ford (Girls).

New admissions, 30. No case called for treatment or observation.

Specials, 21. Three cases were referred to the Eye Clinic for defective vision and two girls required treatment for minor defects.

Re-examinations, 6.

Municipal Secondary (Boys).

New admissions, 42. One boy was referred for treatment for defective vision and one with enlarged tonsils was put on the observation list.

Specials, 10. Three cases were found to require treatment, one for defective vision and two for ear trouble. One boy whose vision was not quite satisfactory was referred for observation.

The statistical tables required by the Board of Education are appended.

(Signed) A. L. ORMEROD.

Table I.—Return of Medical Inspections.**A. ROUTINE MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups :—

Entrants ... ..	...	...	...	...	...	...	...	...	1100
Second Age Group	...	...	...	...	...	...	...	...	946
Third Age Group	...	...	...	...	...	...	...	...	669
Total	...	...	...	...	...	...	...	...	2715

Number of other Routine Inspections	1291
-------------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	------

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	...	2668
Number of Re-Inspections	...	...	...	...	...	...	...	...	6194
Total	...	...	...	...	...	...	...	...	8862

Table II.**A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1933.**

DEFECT OR DISEASE.							ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
							No. of Defects.		No. of Defects.	
							Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)							(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	...	3	8	10	1
Skin :—										
Ringworm :										
Scalp	...	...	...	...	...	...	—	—	17	—
Body	...	...	...	...	...	...	—	—	30	—
Scabies	...	...	...	...	...	...	—	—	4	—
Impetigo	...	...	...	...	...	...	2	—	340	—
Other Diseases (Non-Tuberculous)	...	...	...	...	...	...	—	5	113	—
Eye :—										
Blepharitis	...	...	...	...	...	...	—	—	1	—
Conjunctivitis	...	...	...	...	...	...	1	2	5	—
Keratitis	...	...	...	...	...	...	—	—	—	—
Corneal Opacities	...	...	...	...	...	...	—	1	—	—
Defective Vision (excluding Squint)	...	...	...	...	...	...	29	29	97	17
Squint	...	...	...	...	...	...	9	28	30	1
Other Conditions	...	...	...	...	...	...	—	2	80	—
Ear :—										
Defective Hearing	...	...	...	...	...	...	1	21	16	—
Otitis Media	...	...	...	...	...	...	7	6	80	1
Other Ear Diseases	...	...	...	...	...	...	—	—	—	—
Nose and Throat :—										
Chronic Tonsilitis only	...	...	...	...	...	...	2	11	2	3
Adenoids only	...	...	...	...	...	...	—	3	1	—
Chronic Tonsilitis and Adenoids	...	...	...	...	...	...	13	18	136	2
Other Conditions	...	...	...	...	...	...	1	—	—	—

Enlarged Cervical Glands (Non-Tuberculous)	...	—	6	—	1
Defective Speech	...	...	10	—	2
Heart and Circulation :—					
Heart Disease :					
Organic	...	...	12	—	—
Functional	...	...	14	1	4
Anæmia	...	...	—	—	—
Lungs :—					
Bronchitis	...	...	2	1	—
Other Non-Tuberculous Diseases	...	...	1	1	—
Tuberculosis :—					
Pulmonary :					
Definite	...	...	—	—	—
Suspected	...	...	—	188*	—
Non-Pulmonary :					
Glands	...	...	—	—	—
Bones and Joints	...	...	—	—	—
Skin	...	...	—	—	—
Other Forms	...	...	—	—	—
Nervous System :—					
Epilepsy	...	...	—	—	1
Chorea	...	...	1	1	—
Other Conditions	...	...	—	—	—
Deformities :—					
Rickets	...	...	1	1	—
Spinal Curvature	...	...	—	2	—
Other Forms	...	...	1	4	2
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	...	...	6	7	1287

* Children attending pre-tubercular Clinic at Radcliffe Infirmary.

B. NUMBER OF *individual children* FOUND AT *Routine Medical Inspection* TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

							NO. OF CHILDREN.		
GROUP.							Inspected.	Found to require Treatment.	Percentage of Children found to require Treatment.
(1) PRESCRIBED GROUPS.							(2)	(3)	(4)
Entrants	...	...	...	...	...	...	1100	29	2.64
Second Age Group	...	...	...	...	...	...	946	14	1.48
Third Age Group	...	...	...	...	...	...	669	12	1.79
Total (Prescribed Groups)	...	...	...	...	...	...	2715	55	2.03
Other Routine Inspections	...	...	...	...	...	...	1291	22	1.70

Table III.—Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only given in respect of children suffering from any combination of the following types of defect :—

- Blindness (*not* Partial Blindness).
- Deafness (*not* Partial Deafness).
- Mental Defect.
- Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in the penultimate category of the Table).
- Heart Disease.

State here the number of children suffering from any combination of the above defects Nil.

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At Other Institutions	At no School or Institution.	Total.
1	—	7	—	—	8

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defec- tive Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
8	3	—	—	11

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PHYSICALLY DEFECTIVE CHILDREN.

Physically defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

(A) TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere.

(i) CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.†	At Other Institutions.	At no School or Institution.	Total.
—	7	—	1	8

(ii) CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in (i) above.)

At Certified Special Schools.	At Public Elementary Schools.†	At Other Institutions.	At no School or Institution.	Total.
2	10	2	1	15

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

(B) DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
43	—	—	—	43

(C) CRIPPLED CHILDREN.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life: *i.e.* children who, generally speaking, are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

(D) CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

Table IV.**Return of Defects Treated during the Year ended 31st December, 1933.**

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI).

Disease or Defect.				Number of Defects treated, or under treatment during the year.				
(1)				Under the Authority's Scheme.		Otherwise.		Total.
				(2)		(3)		(4)
Skin :—								
Ringworm-Scalp	...	...	...	17	...	—	...	17
Ringworm-Body	...	...	...	30	...	—	...	30
Scabies	...	...	...	4	...	—	...	4
Impetigo	...	...	...	342	...	—	...	342
Other skin disease	...	...	...	113	...	—	...	113
Minor Eye Defects	...	...	...	80	...	—	...	80
(External and other, but excluding cases falling in Group II.)								
Minor Ear Defects	...	...	...	104	...	—	...	104
Miscellaneous	...	...	...	1293	...	—	...	1293
(e.g., minor injuries, bruises, sores, chilblains, etc.).								
				—	...	—	...	—
Total	...	...	...	1983	...	0	...	1983
				—	...	—	...	—

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.				No. of Defects dealt with. Submitted to re-fraction by private practitioner or at hospital, apart from the Authority's Scheme.				Otherwise.		Total.
(1)				(2)				(4)		(5)
Errors of Refraction (including Squint)				510	...	—	...	—	...	510
Other Defect or Disease of the Eyes (excluding those recorded in Group I)				6	...	—	...	—	...	6
Total				516	...	—	...	—	...	516

Number of children for whom spectacles were prescribed :—

(i) Under the Authority's Scheme	...	...	...	...	...	...	270
(ii) Otherwise	...	...	...	...	...	...	—

Number of children for whom spectacles were obtained :—

(i) Under the Authority's Scheme	...	...	...	...	...	...	251
(ii) Otherwise	...	...	...	...	...	...	19

* GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.								Received other forms of Treatment.		Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or hospital, apart from the Authority's Scheme.				Total.		
(1)				(2)				(3)		(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)
—	—	174	1	—	—	—	—	—	—	—
(i) Tonsils only.				(ii) Adenoids only.				(iii) Tonsils and Adenoids.		175
								(iv) Other defects of the nose and throat.		

* Details not available. Arrangements made for the future.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Under the Authority's Scheme.						Otherwise.	Total number treated.
(1)						(2)	
Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.		
(i)	(ii)	(iii)	(i)	(ii)	(iii)		
No. of children treated ... 8	—	7	—	—	—		—

GROUP V.—DENTAL DEFECTS.

ELEMENTARY SCHOOLS.

(1) Number of Children who were :—

- (a) Inspected by the Dentist : Routine Age Groups—(5), 687 ; (6), 840 ; (7), 860 ; (8), 907 ; (9), 924 ; (10), 1027 ; (11), 1106 ; (12), 1033 ; (13), 1003 ; (14), 463. Total, 8850. Specials, 841. Grand Total, 9691.
- (b) Found to require treatment, 7031.
- (c) Actually treated, 3693.

(2) Half-days devoted to :—

Inspection, 88 ; Treatment, 751. Total, 839.

(3) Attendances made by children for treatment, 5771.

(4) Fillings :—

Permanent teeth, 5378 ; Temporary teeth, 132. Total, 5510.

(5) Extractions :—

Permanent teeth, 552 ; Temporary teeth, 5441. Total, 5993.

(6) Administrations of general anaesthetics for extractions, 39.

(7) Other operations :—

Permanent teeth, 52 ; Temporary teeth, 98. Total, 150.

SECONDARY SCHOOLS, INCLUDING CITY OF OXFORD SCHOOL, INSPECTED BUT NOT TREATED, 1933.

(1) Number of Children who were :—

- (a) Inspected by the Dentist : Routine Age Groups—(10), 23 ; (11), 65 ; (12), 134 ; (13), 178 ; (14), 121. Total, 521. Specials, 164. Grand Total, 685.
- (b) Found to require treatment, 477.
- (c) Actually treated, 129.

(2) Half-days devoted to :—

Inspection, 8 ; Treatment, 20. Total, 28.

(3) Attendances made by children for treatment, 203.

(4) Fillings :—

Permanent teeth, 199 ; Temporary teeth, nil. Total, 199.

(5) Extractions :—

Permanent teeth, 26 ; Temporary teeth, 33. Total, 59.

(6) Administrations of general anaesthetics for extractions, nil.

(7) Other operations :—

Permanent teeth, 28 ; Temporary teeth, nil. Total, 28.

N.B.—Only Scholarship holders treated.

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i) Average number of visits per school made during the year by the School Nurses, 6.
- (ii) Total number of examinations of children in the Schools by School Nurses, 20700.
- (iii) Number of individual children found unclean, 300.
- (iv) Number of children cleansed under arrangements made by the Local Education Authority, nil.
- (v) Number of cases in which legal proceedings were taken :—
- (a) Under the Education Act, 1921, nil.
- (b) Under School Attendance Byelaws, nil.

Report of the Senior Dental Surgeon.

I have the honour to present a report of the School Dental Service for the year 1933.

A new scale of charges for treatment at the Clinic was introduced from 1st January as follows :—

Where the weekly wage exceeds 45/- per week ... 2/6

Where the weekly wage is over 30/- but less than

45/- per week 1/-

The lower charge to be remitted when the Committee is satisfied that the weekly wage is less than 30/- per week. In each case the charge covers all treatment necessary in twelve months.

The new scale of charges was designed to effect a reduction in the numbers of children seeking treatment at the clinics, as the staff was then insufficient to deal with them all. Whilst the new scale effected some reduction in acceptances of treatment at certain schools, the results were hardly those anticipated, and it was still not possible to deal with every school in 1933.

The amount collected in fees showed a remarkable increase over the previous year — £268 14s. 9d. in 1933 as against £43 17s. 3d. in 1932. In certain cases it would seem that the increased fee has brought about a better appreciation of the value of treatment. At the same time, however, it must be remembered that the new system did not solve the problem of providing dental treatment for every child in City Schools that required it, nor was it free from certain inseparable defects in that the numbers of children inspected but not treated naturally increased, and the clerical work, too, with the service in general and collecting fees, was considerably greater.

The only change in the dental staff during the year was the resignation of Miss Wilson in July and the appointment of Miss Yockney in her place in September. The change caused some loss of working time, and also ten days were lost during the year on account of illness.

ELEMENTARY SCHOOLS.

INSPECTIONS.

Dental inspections were carried out at 54 schools. Eighty-eight half-days were devoted to inspections. Seventy-two per cent. of the numbers inspected were referred for treatment, 28 per cent. thus having naturally or artificially sound mouths.

All children present at the schools were inspected and their mouths examined with the aid of a mouth mirror and fine probe, defects found

being entered by the Dental Nurse on a special chart provided for each child.

After routine school inspections, the consent of the parent or guardian in writing on a special form was obtained in all cases before treatment was given.

TREATMENT.

Dental treatment was given to 51 schools; 3,693 children were actually treated, making a total of 5,771 attendances.

All saveable teeth were filled, and as far as possible care was taken to cut out and fill all fissures and danger areas in carious permanent teeth.

Local or general anaesthetics were employed to prevent pain in extractions.

The majority of unsaveable permanent teeth were found in those for whom treatment had been refused in previous years.

Dental treatment was given at the Central Clinic, 60 St. Aldate's, for those schools at a convenient distance, and at the Cowley Road Hospital for East Oxford schools.

Temporary dental clinics were opened during the year at St. Giles' School, SS. Philip and James' School, Summertown Mixed School, Wolvercote School, St. Clement's Infants' School, New Marston School, Headington Clinic, Cowley St. Christopher's Infants' and the Junior Schools, Temple Cowley Senior School, Our Lady School, Cowley St. James' School and Iffley School.

I have again to record my thanks to Head Teachers for putting rooms at my disposal for inspection and treatment, and for their help and co-operation with the work generally. The favourable influence of the Head Teacher can do a very great deal to bring about the success of the service and a good acceptance of treatment.

WINGFIELD-MORRIS HOSPITAL.

Dental treatment was given to school children at the Hospital on four occasions during the Elementary School holidays. Fifty-seven children were treated, making a total of 68 treatments given during the year.

The two following tables give particulars of inspections and treatment during the year:—

TABLE I.

Inspection and Treatment of Dental Defects during the year 1933.

	NUMBER OF CHILDREN DEALT WITH.												
	Age Groups.										Spe-	Total.	
	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	cials.		
(a) Inspected by Dentist ...	687	840	860	907	924	1027	1106	1033	1003	463	841	9691	
(b) Referred for Treatment	412	583	624	712	721	754	769	754	767	343	592	7031	
(c) Actually Treated	258	346	353	399	381	350	371	328	329	114	464	3693	

TABLE II.

Particulars of time given and of Dental Operations undertaken during 1933.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by Children at the Clinic.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	No. of Administrations of General Anaesthetic included in (4) and (6).	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
88	751	5771	552	5378	5441	132	5510	39	52	98

5221 injections or applications of local anaesthetic were made.

REGULATION OF TEETH.

Apparatus for regulation was fitted in 10 cases at parents' expense. When it was advisable teeth were extracted to relieve overcrowding or prevent irregularity.

CASUAL CASES.

One half-day a week, Saturday morning, was devoted to treatment of casual cases, mainly for the relief of pain.

Particulars of casual cases are given in Table III following :—

TABLE III.

Particulars of Casual Cases in 1933.

No. Treated.	No. of Extractions.		No. of other Operations.
	Temporary Teeth.	Permanent Teeth.	
311	366	29	27

BRUSHING TEETH IN SCHOOLS.

During the year the Head Mistress of South Oxford Infants' School introduced morning brushing and rinsing of teeth for the babies' class. Tooth brushes and mugs were supplied for each child and kept separately with suitable means of easy identification. It was her intention that as the children moved into a higher class they should continue the daily brushing, thus eventually the whole school would be included. This was certainly an admirable precedent, and I was pleased to notice particularly clean teeth in the babies' class at my last inspection. The daily brushing of teeth and rinsing of the mouth is, I fear, far from general among children in spite of its constant recommendation, and so any practical means of encouraging it is to be endorsed.

SUMMARY OF EXAMINATIONS.

Table IV following shows the schools inspected during the year, with numbers, sound mouths, refused treatment, those having their own dentist, and numbers accepting treatment. It was regrettable that acceptance of treatment was so disappointing at certain schools, notably St. Clement's Mixed and Temple Cowley Senior School.

TABLE IV.

Dental Inspection of Schools, 1933.

School.	No. Inspected.	Sound Mouths.	Refused Treatment.	Own Dentist.	Accepted Treatment.
East Oxford Infants' { Girls'	101	38	15	—	48
{ Boys'	94	30	22	—	42
,, ,, Girls'	170	58	35	—	77
,, ,, Boys'	177	45	51	1	80
West Oxford Infants' { Girls'	62	22	14	—	26
{ Boys'	66	29	17	—	20
,, ,, Girls'	136	38	55	—	43
St. Frideswide's Boys'	169	31	70	—	68
Rose Lane { Girls'	8	2	—	—	6
{ Boys'	20	4	7	—	9
Holy Trinity J.M. { Girls'	79	18	35	—	26
{ Boys'	75	17	45	—	13
St. Matthew's Infants' { Girls'	22	4	8	—	10
{ Boys'	21	7	8	—	6
Central Girls'	237	79	40	4	114
,, Boys'	160	55	26	4	75
SS. Mary & John Infants' ... { Girls'	163	66	43	—	54
{ Boys'	181	74	55	—	52
,, ,, Girls'	326	66	98	—	162
,, ,, Boys'	329	101	140	4	84
South Oxford Infants' { Girls'	67	22	16	—	29
{ Boys'	93	38	17	—	38
,, ,, Girls'	227	61	83	—	83
,, ,, Boys'	269	91	87	—	91
Cowley St. Christopher's Inf. { Girls'	67	18	13	—	36
{ Boys'	94	23	21	—	50
,, ,, ,, J.M. { Girls'	93	17	32	—	44
{ Boys'	78	16	26	—	36
Temple Cowley Council S.M. { Girls'	98	8	64	—	26
{ Boys'	132	22	82	—	28
Cowley St. James' J.M. { Girls'	65	10	24	—	31
{ Boys'	83	17	30	—	36
Our Lady { Girls'	64	20	15	—	29
{ Boys'	60	23	6	—	31
St. Thomas' J.M. { Girls'	75	17	37	—	21
{ Boys'	68	20	38	—	10
Iffley Mixed { Girls'	51	9	25	—	17
{ Boys'	44	10	17	—	17
St. Denys' Convent Girls'	55	13	15	—	27
St. Giles' J.M. { Girls'	104	22	34	—	48
{ Boys'	7	3	2	—	2
SS. Philip & James' Infants' { Girls'	32	15	11	—	6
{ Boys'	54	20	10	—	24
,, ,, ,, Boys'	170	42	53	—	75
St. Clement's Infants' { Girls'	77	19	27	—	31
{ Boys'	80	29	24	—	27
,, ,, Mixed { Girls'	79	18	50	—	11
{ Boys'	118	26	62	—	30

New Marston J.M.	{ Girls'	41	7	7	—	27
	{ Boys'	54	9	11	—	34
Summertown Infants'	{ Girls'	65	31	9	1	24
	{ Boys'	75	41	8	—	26
„ S.M.	{ Girls'	133	28	27	—	78
	{ Boys'	141	34	25	—	82
St. Joseph's Mixed	{ Girls'	169	71	51	—	47
	{ Boys'	76	31	24	—	21
Headington Council Infants'	{ Girls'	132	34	41	—	57
	{ Boys'	125	40	40	—	45
„ „ Mixed .	{ Girls'	127	36	63	—	28
	{ Boys'	171	60	57	—	54
Headington C.E. Infants' ...	{ Girls'	63	27	16	—	20
	{ Boys'	56	21	17	—	18
„ „ Mixed	{ Girls'	137	32	68	—	37
	{ Boys'	139	29	71	—	39
Headington Quarry Mixed ..	{ Girls'	69	21	32	—	16
	{ Boys'	57	14	28	—	15
Headington Quarry Infants'	{ Girls'	54	24	15	—	15
	{ Boys'	68	19	29	—	20
Wolvercote Mixed	{ Girls'	88	31	41	—	16
	{ Boys'	86	32	31	—	23
St. Aloysius' J.M.	{ Girls'	22	3	9	—	10
	{ Boys'	26	7	12	—	7
Holywell J.M.	{ Girls'	31	9	4	—	18
	{ Boys'	21	6	3	—	12
St. Barnabas' J.M.	{ Girls'	86	27	30	—	29
	{ Boys'	89	40	27	—	22
„ „ S.M.	{ Girls'	103	32	40	—	31
	{ Boys'	103	23	56	—	24
Open Air Mixed	{ Girls'	18	6	1	—	11
	{ Boys'	24	6	3	—	15
St. Ebbe's Infants'	{ Girls'	55	15	25	—	15
	{ Boys'	81	30	31	—	20
Cowley St. John Infants' ...	{ Girls'	80	28	29	—	23
	{ Boys'	65	21	24	—	20
„ „ „ Girls'		259	83	87	4	85
„ „ „ Boys'		214	35	134	—	45
St. Aldate's Mixed	{ Girls'	33	8	15	—	10
	{ Boys'	77	9	54	—	14
New Hinksey J.M.	{ Girls'	106	20	43	—	43
	{ Boys'	116	32	46	—	38
„ „ S.M.	{ Girls'	118	32	53	—	33
	{ Boys'	117	25	61	—	31
Rose Lane Mixed	{ Girls'	13	3	5	—	5
	{ Boys'	19	5	7	—	7
East Oxford Girls'		184	50	47	1	86
Totals		9286	2660	3262	19	3345

SECONDARY SCHOOLS.

1. Milham Ford School for Girls.
2. Municipal Secondary School for Boys.
3. City of Oxford High School for Boys.

All age groups at these schools were inspected but under the new regulations only scholarship or free-place holders were eligible for treatment. A notice was sent to the parent of each fee-paying pupil found in need of dental treatment, recommending that the advice of a private dental practitioner be sought.

As dental treatment is encouraged and a high percentage of acceptances usually obtained at Secondary Schools, it was regrettable that the returns for the City of Oxford High School for Boys (where a great deal of treatment was found necessary) were so disappointing for the first year. Twenty-five out of fifty-eight boys failed even to return their consent forms.

The dental record of all children with scholarships or free places from Elementary Schools in the City was checked and as far as possible they entered their Secondary Schools with sound teeth.

The tables following show the numbers inspected and treated :—

TABLE V.
Secondary Schools, 1933.
NUMBER OF CHILDREN DEALT WITH.

	Age Groups.										Specials.	Total.
	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
(a) Inspected by Dentist ...	—	—	—	—	—	23	65	134	178	121	164	685
(b) Referred for Treatment	—	—	—	—	—	20	33	76	136	92	120	477
(c) Actually Treated	—	—	—	—	—	—	7	25	27	32	38	129

Only a part of the Municipal Secondary School was treated in 1933.
The City of Oxford High School was not treated in 1933.

TABLE VI.										
No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by Children at the Clinic.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	No. of Administrations of General Anaesthetic included in (4) and (6).	No. of other Operations	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
(1) 8	(2) 20	(3) 203	(4) 26	(5) 199	(6) 33	(7) —	(8) 199	(9) —	(10) 28	(11) —

CONCLUSION.

The general condition of the teeth at those schools under regular inspection and treatment maintained a good standard. With increased staff, an additional Assistant Dental Surgeon and a Dental Nurse authorised for 1934, regular inspection and treatment at every school in the City will be possible.

Although Head Teachers have been most helpful in putting rooms at my disposal for treatment, a dental clinic at Cowley is very much needed, and it is hoped that it may be possible to consider making provision for this in connection with one of the Council Schools.

J. F. ALLIN,
Senior Dental Surgeon.

Report of the Organiser of Physical Training

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on Physical Training.

On two days of each week my work has followed on the same general lines as last year.

Two courses for teachers have been held and a number of demonstration lessons given.

Owing to lack of time I regret that I have been unable this year to give help with the physical training in Girls' Clubs.

BOARD OF EDUCATION SYLLABUS.

This year has been marked by the publication by the Board of Education of a new Syllabus of Physical Training. Copies of the new book, together with a circular of a suggested plan of work for its introduction, has been issued to Head Teachers and to all assistant teachers responsible for instruction in physical training.

The book states no new principle of physical training, but has been revised and developed in the light of recent experience and general progress and thought on the subject. It makes a further move from the more rigid and formal exercises towards freer activity. A number of athletic exercises and movements for the cultivation of agility and suppleness have been introduced. A strong feature is that more attention should be paid to posture training, and the value of free practice, either group or individual, is emphasised as a means of developing the child's individual powers.

To quote from the book : ' What the Board desire to secure is the careful and well-balanced development of the physical powers of each individual, not only in reference to his immediate bodily and mental growth, but also with a view to encouraging the formation of habits of recreation which will be of value in the future.'

Special attention is directed to the need for a daily period of physical exercises in all schools and for more apparatus.

The issue of the new book has been welcomed by all teachers, and everywhere there is an increased demand for practical help and advice.

LECTURE — DEMONSTRATION.

In November I gave a lecture on the points of difference between the new and the old syllabus and a demonstration was given by a class of children. This meeting, which was held in the Corn Exchange, was

attended by over two hundred teachers. The School Medical Officer was present and at the close of the demonstration emphasised the value of the school physical training lessons.

Miss Fergusin, H.M.I., has made three visits of inspection during the year.

COURSES FOR TEACHERS.

Two courses of eight weekly lessons have been held, one general course and one for teachers in Infants' Schools. The attendance at the classes has been excellent.

Sixty-two teachers attended the general course and 58 the course for teachers in Infants' Schools.

REMEDIAL TREATMENT.

I have advised on two children reported to me by the School Medical Officer.

PLAYING FIELDS AND ORGANISED GAMES.

The beautiful summer enabled the schools to make full use of the excellent playing facilities, and all schools have made good use of the fields provided by the Authority. The new field at Headington will be very greatly appreciated.

A Games Association has been formed which has for its main object the encouragement of inter-school matches in various games. The Association is organised by a committee of teachers representing each district. Miss C. V. Butler is the President.

At the request of the All England Women's Netball Association a Rally in which fourteen Elementary Schools, four Secondary Schools and one club took part was held on Cowley Marsh Playing Field on May 30th. The Rally took the form of an American tournament and was much enjoyed by over 150 players.

As part of the programme a match was arranged between Oxford University 'United' and London Business Houses. This event has done much to stimulate interest in the game. We are indebted to the teams for coming to play and to the Games Mistresses of the Secondary Schools for valuable help as umpires to the school teams.

PHYSICAL TRAINING FILM.

The film produced by the Ling Association, in which over three hundred Oxford children took part, was shown in the Town Hall on February 15th. The Chairman of the Education Committee kindly introduced the film, and during an interval the School Medical Officer spoke on the value of physical education. It was gratifying to have the Hall crowded to overflowing with parents and children. As a result of this effort, donations were handed to the 'Oxford Unemployment Fund,'

to Risca, to the Wytham Transport Fund and to the J.O.C. Grateful thanks are due to all who helped to organise this successful undertaking. On the same evening the hockey film was shown to the senior scholars of the Secondary and Elementary Schools.

EVENING PLAY CENTRES.

Attendance of the children at the Play Centres has been maintained, and the average attendance for the Autumn Term is given below :—

South Oxford	...	...	...	102
St. Barnabas'	...	...	...	99
Headington	...	...	...	93
St. Clement's	...	...	...	90

The Oxford High School Guild of Charity again kindly sent a gift of £2 for the purchase of additional toys and games. The students of the Social Service Union have given valuable help as voluntary helpers.

WOMEN'S INSTITUTES.

By invitation of the Secretary, I arranged for a demonstration of physical training at the Annual Group Meeting in Oxford. The meeting was attended by over 200 members and was a valuable means of showing many parents how physical training benefits the health of children. A class from South Oxford School kindly gave the demonstration. Fifteen requests for lectures and demonstrations on 'How to Keep Fit' have since been received.

SWIMMING.

It has been a wonderful swimming year. The total number of children gaining certificates was 1,516: this is an increase of 541 on last year, and the highest number on record. It is gratifying to note that the number of new swimmers is 502, as against 416 in 1932 and 390 in 1931.

The schedule appended shows the record for each school; SS. Mary and John School with a total of 72 new swimmers deserve congratulation.

Attendance at the Life-Saving Classes has improved and the number of certificates gained is higher than last year.

MERTON BATH AND OPEN-AIR BATHS.

The approximate number of girls receiving instruction during the months of June and July was over 900. More help than last year was given with instruction at the Open-Air Baths; nevertheless, class teachers worked exceedingly hard both in and out of school hours. It has been impossible to meet the demands made by all schools for an allocation at Merton Bath. A school bath or increased facilities for indoor swimming instruction is urgently needed.

PERCENTAGE OF SWIMMERS.

The result of the enquiry as to the percentage of swimmers among girls of ten and over is given below. It is encouraging to have an increase of nearly five per cent.:—

Senior Girls' and Mixed Schools.

Number of girls on roll aged ten and over	...	...	1988
Number of swimmers on roll aged ten and over	...	...	1061
Percentage : 53·4. An increase of over 5 per cent.			

Junior Schools (seven schools).

Number of girls on roll aged ten and over	...	...	218
Number of swimmers on roll aged ten and over	...	...	59
Percentage : 27. A decrease of 2 per cent.			

Total number of girls on roll, as above (seniors and juniors combined)	...	...	...	...	...	2206
Total number of swimmers	...	...	...	...	...	1120

Percentage : 50·77. A total increase of over 4 per cent.

Swimmers in several schools reached 70 per cent.

TESTS FOR CERTIFICATES.

'Test Days' were often crowded out. Parents are showing a keen interest and often attend.

INTER-SCHOOL SHIELD COMPETITION.

Thirteen school teams entered for the competition. The heat winners were (1) New Hinksey, (2) Temple Cowley, (3) South Oxford, (4) West Oxford. In the final (1) New Hinksey, (2) South Oxford, (3) West Oxford.

The presence of members of the City Council and Education Committee, as well as parents and friends, is always much appreciated at this annual event. Councillor Somerton kindly presented the Shield to the winning team.

REPORT FROM THE SCHOOL MEDICAL OFFICER ON THE EFFECT OF SWIMMING RACES ON CHILDREN.

During the summer the School Medical Officer (at the request of the Elementary Schools Swimming Association for Girls) investigated the effect of swimming races on children. In the case of the Schools Shield Competition he wished nothing to be altered, since selected scholars who had prepared for the event swam under supervision. In public sports, however, where there is free entry or open competition, matters were different, and it was found that the strain, cold, fatigue and excitement, which it is almost impossible to eliminate from swimming competitions, was likely to exercise a prejudicial effect on the health of some of the competitors. The rules given below have accordingly been drawn up and

have been accepted most cordially by the Committee of the Police Gala, the Clinical Medical Officer and the Schools Swimming Association. The recommendations are welcomed by Head Teachers of Schools who were anxious in the interests of the children for guidance on the points in question.

RULES FOR SWIMMING RACES.

1. No child under eleven years of age should be allowed to enter for *any* event.
2. Entries to be strictly limited to two events, including not more than one race.
3. The race should not exceed 30 yards in length for children under twelve years of age or 60 yards for older children.
4. The races should be so arranged that no competitor should swim in more than one heat and a final on the same day.
5. A definite attempt should be made to refuse entries from children of poor physique or extremely indifferent swimmers.

FOOTGEAR FOR PHYSICAL TRAINING.

Owing to the increase in the number of 'activity' exercises now included in the school lessons, the question of giving some further help towards the provision of shoes for necessitous children will need consideration. In many schools parents provide suitable shoes, but in some cases the parents cannot afford the outlay.

CONCLUSION.

The issue of the new Syllabus has increased the scope of the work and has aroused generally further interest in Physical Education. Teachers realize that it is altogether a larger and wider subject than the old 'school drill.' To quote from the report of the Chief Medical Officer of the Board of Education :—

‘To subject five million children to its influence for the nine years of their school life is to accomplish a vastly greater thing than to subject half a million children to medical treatment.’

‘A child's physical training must be an education which will fit him in after years for leisure, for play and for recreation as well as for work.’

Progress and development in schools is bearing fruit, and there is a demand throughout the country for physical recreation after school age.

I wish to record my thanks to all teachers for their willing help and co-operation and to the Medical Officer for his valuable support.

ELIZABETH C. TERRY,

Organiser of Physical Training.

SWIMMING TESTS RESULTS, 1933.

GIRLS.

School.	Overarm				Style Diving.	Elemen- tary.	R.L.S.		Total.
	440 Yds.	220 Yds.	75 Yds.	10 Yds.			Inter- mediate.	Bronze Medal.	
Central	...	33	47	39	0	16	6	12	158
East Oxford	...	44	42	46	1	10	1	0	146
Cowley St. John	...	32	44	23	0	13	0	7	124
*The Convent	...	12	13	14	0	2	0	0	41
*New Hinksey Senior	...	18	19	12	0	8	0	1	59
New Hinksey Junior	...	11	2	0	0	0	0	0	13
*St. Barnabas'	...	19	21	12	0	1	0	0	53
St. Clement's	...	19	14	5	0	1	0	2	42
St. Giles'	...	11	14	5	0	0	0	0	30
SS. Mary & John	...	72	49	28	1	20	4	0	180
Holywell Junior	...	8	4	1	0	0	2	0	15
St. Aldate's	...	1	2	4	0	1	1	3	14
Summertown	...	14	11	5	0	4	0	0	35
South Oxford	...	42	33	21	0	14	1	7	128
West Oxford	...	37	38	25	1	4	7	0	114
*St. Joseph's	...	14	13	5	0	2	1	0	35
*Holy Trinity	...	14	12	5	0	1	0	0	32
*St. Thomas'	...	10	6	3	0	0	0	0	19
*Ifley C. of E.	...	6	4	2	0	2	0	0	14
Headington Council Mixed	...	14	14	6	0	2	0	0	36
*Headington C. of E.	...	8	8	3	0	0	0	0	19
*Headington Quarry	...	3	5	2	0	0	0	0	10
*Wolvercote Council	...	0	0	0	0	0	0	0	No entries.
*Cowley St. Christopher's	...	10	7	6	0	1	2	0	26
*New Marston Junior	...	4	3	4	0	0	1	0	12
*Open Air	...	3	3	1	0	0	0	0	7
*Cowley St. James'	...	5	5	3	0	0	0	0	13
Temple Cowley Senior Council	...	37	41	27	0	21	1	9	139
*Our Lady's R.C.	...	1	1	0	0	0	0	0	2
	502	475	307	20	10	123	27	41	1516

Total number of tests passed = 1516. An increase of 541 on last year.

SWIMMING — BOYS.

ANALYSIS OF TESTS PASSED IN 1933.

School.	Elemen- tary.	Inter- mediate.		Profi- ciency.	Long Distance.		Elemen- tary.	R.L.S. Inter- mediate.	Bronze Medal.	Total.
		Bi.	Bii.		I.	II.				
Central	...	37	18	31	25	20	1	20	3	192
Cowley St. John	...	22	14	0	0	0	0	0	0	93
East Oxford	...	23	13	0	0	0	0	0	0	63
South Oxford	...	32	36	21	20	9	0	0	0	167
New Hinksey	...	15	7	0	0	0	0	0	0	54
St. Joseph's	...	4	3	2	0	0	0	0	0	12
St. Aloysius'	...	0	0	0	0	0	0	0	0	0
St. Barnabas'	...	6	5	0	0	0	0	0	0	25
St. Clement's	...	4	9	2	0	0	0	0	0	34
St. Frideswide's	...	27	29	17	12	6	3	0	0	131
SS. Mary & John	...	9	3	0	0	0	0	0	0	46
St. Aldate's	...	9	3	0	0	0	0	0	0	32
SS. Philip & James	...	6	0	0	0	0	0	0	0	26
St. Thomas'	...	0	0	0	0	0	0	0	0	0
Summertown Senior	...	2	0	0	0	0	0	0	0	26
Holy Trinity Junior	...	4	2	0	0	0	0	0	0	10
Cowley St. Christopher's	...	0	0	0	0	0	0	0	0	2
Cowley St. James'	...	0	0	0	0	0	0	0	0	2
Iffley	...	0	0	0	0	0	0	0	0	2
Wolvercote	...	3	1	0	0	0	0	0	0	7
Headington C. of E.	...	14	6	0	0	0	0	0	0	34
Headington Council	...	0	0	0	0	0	0	0	0	7
Headington Quarry	...	0	0	0	0	0	0	0	0	3
New Marston	...	4	1	0	0	0	0	0	0	10
Holywell	...	2	3	0	0	0	0	0	0	9
Open Air	...	0	0	0	0	0	0	0	0	1
Cowley Senior Council Mixed	...	19	11	0	0	0	0	0	0	66
Our Lady's Junior	...	0	0	0	0	0	0	0	0	1
	451	242	164	73	57	35	4	20	3	1055

Abbreviations: A=25 Yards. Bi=75 Yards. Bii=Object Diving. C=School Proficiency. I=220 Yards and Diving.

II=440 Yards and Diving. III=Speed (90 yds. in 90 secs.).

R.L.S.= Royal Life Saving Society.

R.L.S. passes automatically gain School Proficiency.

Special Report on the Open-Air Schools at Wytham.

LADIES AND GENTLEMEN,

The experiment of sending Oxford children, in classes or whole schools, for the day to be taught under open-air conditions and in really healthy surroundings at Wytham, which was inaugurated in the summer of 1931, may now be fairly said to have passed through the experimental stage with flying colours. The three pioneer schools have increased to fourteen, the excursions begin earlier and continue later in the year and new classrooms have been built and additional facilities provided so that there is no reason why the work should not be carried on all the year round.

At the end of July I wrote to all the Oxford schools which had taken part, asking them to be kind enough to tell me what they really thought about the whole question and received a mass of highly-illuminating information, dealing with the subject from the hygienic, social, psychological, educational and human points of view and showing that the Wytham Country Schools stand for something more than a day in the fresh air for town children.

Though I can fairly claim to know something about children, having had for many years every opportunity of studying them in their homes and schools, in sickness and health, at work and at play, and having been brought into close contact with their parents and teachers, I am quite incompetent to deal with the issues raised by many of the teachers and propose to write my report from the standpoint of, for want of a better term, 'the man in the street.'

I shall not go into actual figures; suffice it to say that the three original schools have continued to send their children, 'the great possibilities behind it encourage us to continue in this interesting field of work,' that one school with separate boys', girls' and infants' departments and one school which sent a single class have dropped out and that nine new schools have taken part in the work this year.

The following fourteen Oxford schools sent children to Wytham during the summer:—Cowley S. John Senior Girls', Holy Trinity Junior Mixed, Holy Trinity Convent Senior Girls', Holywell Junior Mixed and Infants', St. Barnabas' Junior Mixed and Infants', St. Clement's Infants', St. Ebbe's Infants', St. Giles' Junior Girls' and Infants', St. Joseph's Mixed and Infants', SS. Mary and John Junior Boys', SS.

Mary and John Infants', South Oxford Council Girls', West Oxford Council Girls' and West Oxford Council Infants'.

In some cases every child in the school went one day a week, but in many instances it was only possible to send one or more classes.

When the experiment was first started, a large number of people did not take the matter very seriously, and I confess that I personally had some misgivings lest the whole business should turn out to be a sort of glorified picnic, and though I was quickly able to convince myself that my fears were absolutely groundless, I realise that everybody has not had the same opportunities for personal observation. School after school has testified to the real value of the work, and the case has been put very clearly by a school which took children to Wytham for the first time this year. The pupils were an exceptionally healthy lot of children who came from good homes, the classrooms were well lighted and ventilated and the playground accommodation was excellent, and naturally it was extremely doubtful whether anything would be gained by participation in the Wytham Scheme, but at the end of the summer the headmistress wrote: 'The experiment has justified itself. Physical health, which is good, may be better. The Country School in the open air benefits not merely the physique but the whole mental and aesthetic outlook of the child so that the habitually bored child discovers new interests, the chronically tired child is invigorated, the mental sluggard shows signs of awakening and the fussy individual is less intrusive.'

To those of us who are behind the scenes, this testimony is conclusive evidence of the potentialities of Wytham, but, unfortunately, we have read the same sort of thing before; it is so easy to be enthusiastic on paper, and many, regarding those who instruct the young as a special class whose duty it is to be enthusiastic and optimistic (they need to be), do not attach due importance to their opinions. I would ask such people to look at the question from a commonsense, business point of view. The scheme, thanks to the generosity of Colonel Ffennell, has not cost the ratepayer a penny except for £30 voted last year towards the voluntary fund raised by an informal committee of interested people to meet the cost of transport, 3d. a day per child; nobody makes anything out of it, the parents have the trouble of getting special meals for the children and the expense of contributing towards the voluntary transport fund, and for the teachers it means long tiring days, extra work, extra worry, increased responsibility. The parents, almost without exception, have responded nobly; many of the schools have paid the whole of the cost of transport and, though a few pence a week may not appear to be a big matter, it must be remembered that pennies are apt to be scarce where children are plentiful; the enthusiastic, optimistic teachers have added straw after straw to their burden without a murmur

and the work has grown and prospered. I have little use for the word 'altruism' but surely the above is pretty good evidence that all who take part in this voluntary work are convinced of its value.

The awakening of interest, the advantage of studying nature from nature instead of from the printed book and the opportunities and, only too often the necessity, 'the habits of home life are quickly revealed,' for practical instruction in the most elementary principles of hygiene have once more been stressed by nearly all schools, but there is no need to dwell on these points here as they have been dealt with in previous reports.

The weather was propitious; schools are beginning to profit from their own experience and that of one another, and the verdict of one school, 'tremendously successful,' is a fair summary of last summer's work. Going to Wytham is becoming part of the regular curriculum of some schools, and succeeding summers are beginning to bear fruit. 'My children will no longer tolerate closed windows and stuffy atmospheres,' writes the headmistress of an infants' school, and pleads that her infants should have the same opportunities when they move up into senior schools.

Quite a number of schools this year have touched on the value of the atmosphere of peace and quiet. 'I love Wytham and so do all who go from here' expresses the feelings of more than one teacher, while the little boy who wrote 'What I like best at Wytham is having my dinner in peace' conjures up a vision of a crowded, sweltering living room, a table littered with plates and a gramophone in full blast, and awakens a sympathetic echo in the hearts of many of us. This atmosphere of peace is reflected in the increased kindness and consideration shown by the children to each other. 'We are just like a big family,' writes one teacher, while another happily sums up the whole situation by quoting the words of Sir Michael Sadler: 'Children thus brought into contact with nature find their true balance.'

Wytham introduces another factor—the change from ordinary routine. There is change of air, change of scene, new subjects introduced and old ones taught in a new way rendered possible by the new surroundings, beneficial to pupils and teachers alike, but these changes are, in the opinion of some of the schools at least, only a rung on the ladder. 'An experimental ground of very real value for finding a way out of difficulties which are created in and by our system.' The Wytham experiment opens up a vista of vast possibilities, but there are difficulties in the way, and while one enthusiast has 'little use for Wytham if it is merely a change of class and desk from one place to another,' another school finds that 'routine work suffers badly and the school time-table cannot afford the time spent in travel.' These are extreme views and

the problem is not one for this report, but there is a happy mean in all things and there is no doubt that the schools, as a whole, have taken full advantage of the new facilities.

There is one serious drawback to the work and that is the heavy strain, mental and physical, imposed upon the teachers. All our schools are working at high pressure during term-time, and though the Heads point out that it is the initial organisation which involves so much extra work, taking children over and looking after them all day is no light matter, and 'I have a young and vigorous teacher who loves the work, a most important point,' is a view with which we shall all agree, for the days are long and strenuous and there is no respite. Only in the case of small schools is it possible for all the children to go on the same day, and in many instances the Headmistress runs over, in the interval between morning and afternoon school, to satisfy herself that all is well, lends a helping hand, and sees that the arrangements for a quiet, orderly dinner followed by rest are being properly carried out. The heaviest strain is the dinner hour, and several schools have been most fortunate in obtaining voluntary helpers not only for the actual dinner but also for games, and surely there must be a few capable people in Oxford who would be willing to lend a hand if they realised how much such help was needed. Taking classes of children into the country for the whole day must entail a considerable responsibility and this responsibility must rest on the shoulders of the staff, but the burden would be lessened if some means could be devised of obtaining medical help more readily in the event of accident or sudden illness.

The question has also been raised as to whether the long days are too much for some of the children, and there is a general concensus of opinion that they come back healthily tired but not overdone, though one school states that the girls find the walking entailed by some of the expeditions too much for them. I am very glad that attention has been drawn to this point, for though the car, the bus and the bicycle are invaluable in these days of rush to enable one to get from place to place in a minimum of time with a minimum of effort, there are many among the rising generation whose object, one would imagine, was to kill time rather than save it, who have spared their legs until they are afraid of walking a mile, and I think that one of the advantages of Wytham is that children are being taught to use their legs as well as their eyes.

I am deeply indebted to the various schools for the information which they have so kindly placed at my disposal. The report is theirs, not mine, and has the merit of being based on first-hand information supplied by highly competent judges who took an active part in the work.

A. L. ORMEROD,

Clinical School Medical Officer.

Special Report on the Work of the Educational Clinic, 1932-33.

CONTENTS

- I. Staff of the Clinic.
- II. Foreword by the Medical Director, T. S. Good, O.B.E., M.A. (Oxon), M.R.C.S., L.R.C.P., Medical Superintendent, City and County Mental Hospital, Littlemore.
- III. Detailed Report by the Medical Secretary, R. J. Toleman, Deputy Medical Officer of Health and Assistant School Medical Officer, M.B., B.S. (London), M.R.C.S., L.R.C.P., D.P.H. (Eng.).
- IV. Notes on typical cases of interest.
- V. Statistics. Tables A — E.
- VI. Financial Statement.

I. STAFF

(a) MEDICAL.

Medical Director: T. S. Good, O.B.E., M.A. (Oxon), M.R.C.S., L.R.C.P., Medical Superintendent, City and County Mental Hospital, Littlemore; Psychiatrist.

Medical Secretary: R. J. Toleman, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H.; Deputy Medical Officer of Health and Assistant School Medical Officer.

Honorary Assistant Psychiatrists:

F. J. Napier, M.R.C.S., L.R.C.P., D.P.M.; Assistant Medical Officer, Littlemore.

Maurice Hamblin Smith, M.A., M.D.

G. J. Smith, M.B., Ch.B.

A. T. Waterhouse, M.A., M.D., B.Ch. (Oxon).

(b) SOCIAL WORKERS.

Miss M. R. Buck, Petition Officer, Mental Deficiency Act Committee.

Miss Jean Barbour, Assistant Petition Officer.

(c) VOLUNTARY HELPERS.

Miss Shelley.

Mrs. Ainley Walker.

(d) SECRETARIAL DUTIES.

Miss Hunt and Miss Turner, Education School Medical Clerks.

INFORMAL COMMITTEE.

A. C. Cameron, M.A., M.C., Secretary for Education (*Chairman*).

G. C. Williams, M.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health and School Medical Officer.

Dr. Good.

Dr. Toleman.

Miss Hunt.

Mr. Coghlan, Chief School Attendance Officer.

II. FOREWORD BY THE MEDICAL DIRECTOR

A full report of the aims and methods of the Education Clinic will be found in the Annual Report for 1932.

During the year 1933 the work has progressed on the same lines, most of the changes being merely matters of procedure made with a view to increased co-ordination between the various services concerned.

We are very fortunate in having been able to secure the help of another doctor in the person of Dr. Maurice Hamblin Smith, who is kindly giving his services to the Clinic for one session weekly. His great experience in both the psychological and the psychiatric side of the work is invaluable.

We are also glad to have the help of Dr. Napier, who succeeds Dr. Ruby Lord.

The playroom continues to be an important part of the work both for diagnosis and treatment, and we have been able to get help from voluntary workers for whose enthusiasm and interest we are most grateful. Mrs. Ainley Walker has kindly consented to help the Social Workers in the follow-up of the cases, and we are thus enabled to keep in closer touch with the families and to be informed whether the improvement observed after treatment at the Clinic is maintained.

Several Case Conferences with Teachers have provoked interesting discussions and many helpful suggestions have been made by Head Teachers, which the Clinic will endeavour to carry into effect in the coming year.

Now that the ascertainment of mental defectives in the schools is being more rapidly dealt with, it is possible for more time to be given to the problem cases with which the Clinic is primarily concerned. It will be seen from the detailed report of the Medical Secretary that encouraging results have been obtained, and that many children have been helped and made happier and more efficient by the treatment which has been given to them.

T. S. GOOD,

Medical Director.

III. DETAILED REPORT BY THE MEDICAL SECRETARY

1. During the year 1933 much general progress was made in Child Guidance work in Oxford. The Clinic worked throughout the year for one whole-day session a week except during school holidays. We were enabled to take stock of our cases and to follow up some of the more interesting ones with a view to seeing whether the effects of treatment were maintained. The majority continued to show improvement, but some lapsed and deteriorated; in these cases one often found that home conditions and lack of parental co-operation played a principal part. The only effective solution in these cases is to take the child away from its home and so allow it a chance to grow up in a new environment. The Children and Young Persons Act, 1933, gives the opportunity to many potential delinquents to get a fresh start either in a residential school or in the care of a 'fit person.'

2. The work of the Clinic is not confined to the weekly sessions. There are visits to parents and school teachers by the Social Workers and school visits by the School Medical Staff: thus direct contact is made between Clinic, School and the Administrative Staff at the Education Offices. Every case is discussed between the Medical Secretary to the Clinic and the Secretary for Education at a weekly conference before final action is taken. This co-ordination is an essential factor if effective action is to be taken on the recommendations of the Clinic, and is only possible where the Clinic is part of the official system of the Education Committee.

3. At the Clinic itself diagnosis and treatment follow preliminary observations in the playroom. Two or three preliminary sessions may be necessary to put a nervous type of child in a suitable frame of mind to undergo a complete examination. Physical examination is now carried out at school during the week previous to the child's attendance at the Clinic. This enables the Medical Secretary to understand the school environment and the teacher's particular difficulties better than in a written description.

Fuller details of each case are obtained in this way; and these, together with the Head Teacher's report and the observations of the Care Officer and Social Worker, are passed on to the Medical Staff at the Clinic. An attempt is thus made to adjust each recommendation to the conditions of a particular school. At each Clinic session, Staff conferences on cases are held where all knowledge is pooled and a full discussion on the case in question is held: following on this a recommendation for

action is made to the Secretary for Education. Any recommendation for a change of school is further considered by the Secretary for Education, in consultation with the Medical Secretary, in the light of his fuller knowledge of the available alternatives.

4. The interest of teachers is steadily growing, and no lack of suitable cases has been found. Indeed, the Clinic has not yet reached the point where it has caught up with arrears of cases, as it must before it can concentrate on its main objective—the child promoted from the Infants' School at 7+.

Many teachers, doctors, representatives of Government Departments and other authorities have visited the Clinic. Members of the Training Department of the University have visited the Clinic, under arrangements made with the Director of Training, as part of their official observation work.

Rose Lane School.

5. This School, under the skilled direction of Miss Clarke, provides special training and education for 40 problem children between the ages of 5 — 11 years. The average stay is one year and upward. Some remain in it only for a term, when it is established that no further benefit is to be looked for during a longer stay: these latter are usually border-line cases sent for observation for a short time, who turn out to be mentally defective and so unsuitable for Rose Lane. It must be emphasised that this is not a Special School, but a Public Elementary School in which retarded and backward children are taught by experts under conditions where much more individual attention can be given than in the ordinary school. This is supplemented in suitable Elementary Schools by specially organised classes for backward children, limited to 20 in a class. Their number is increasing as opportunity offers.

The Clinic from time to time deals with a class of child who is both a problem and retarded educationally in one or more subjects though very likely having a high I.Q. The ordinary schools are not in a position to do much more for such cases than they can for the ordinary child, and it is here that Rose Lane plays its part. Miss Clarke has had special experience with this type of case; the class is sufficiently small to ensure that each child receives a certain amount of individual instruction, and large enough to take in most of the cases with which it is required to deal. Places at Rose Lane are filled on the recommendation of the Clinic. These cases are re-examined and treated where necessary by the Clinic Staff, who also, in consultation with Miss Clarke, recommend the date of their removal from Rose Lane.

It was proposed to begin a film experiment in this school in 1933, but owing to various difficulties this had to be postponed, and we are hoping to see it started in 1934.

6. *The Juvenile Courts and the new Children and Young Persons Act, 1933.*

This Act, to which reference has already been made, was passed with the object of securing control of potential delinquents and ensuring their supervision in order to check the development of criminal activities. By it Juvenile Courts were reconstituted under a Panel of Magistrates of known capabilities and special knowledge where children and young persons were concerned. Procedure was laid down and newspaper publicity reduced to a minimum. No formal conviction is to be recorded of any child appearing at the Court.

The Act lays down that the Local Education Authority shall supply the Magistrates with a report, including a medical report, in each case. In Oxford, full information about many cases which are likely to be brought before the Court as needing care and protection, is in the Clinic's possession, and the staff are also in a position to give an expert opinion on any case not previously examined. The Magistrates may adjourn a case for this purpose.

In several cases already dealt with under the Act, the Clinic information has been of value to the Magistrates in coming to a decision. In two or three years' time we shall have further information with regard to the progress of these cases which will guide the Clinic in advising on others which may subsequently come before it.

It is definitely established that no etiological factor is common to all cases of juvenile delinquency; environment, parental attitude, poverty, physical ill-health and intellect varying from feeble-mindedness to near genius all play their parts in bringing about the condition or state that precedes actual crime. Heredity itself is not essential, though it is often an important factor. How, therefore, can the problem be tackled and eradicated, if at all? Different departments with their staffs in turn cope with slums and their clearance, poverty and unemployment.

The psychological approach to the first offender and juvenile criminals will be of the utmost importance in the future. Too stern or too lenient parents can be educated to alter their attitude towards the growing child. A spoilt child must be taught gradually that he cannot possess everything he wants, while, on the other hand, neglected children must be given their fair share of the joys of living as far as possible.

Organisations such as Scouts, Guides and the various Clubs attached to religious organisations are most helpful in correcting youthful misdemeanour; they bring to the youth or boy in question a new outlook on life, the meaning of co-operation and friendliness, and, finally, a desire to stand well in the sight of his comrades and fellows.

Most of these children, through various circumstances, have never been able to appreciate right from wrong, while envy and the desire to possess will in time lead to thefts, at first on a small scale, and then leading up to bolder efforts as success increases. (An enquiry into the past history of cases of theft has elicited the fact that the criminal efforts in question began on a small scale in school days.)

IV. NOTES ON TYPICAL CASES OF INTEREST

A. (8 YEARS).

Example of Fears. I.Q. 110.

Only child of superior parents. Referred by his mother for treatment. Suffering from attacks of fear both night and day. Afraid he and his mother were going to be murdered. Would not go to school.

Fears apparently started after boy had seen a terrifying film and had had influenza.

Boy saw ghost, apparently associated with surgeon at hospital who wore a white coat. Frightened by cousin of 10 who told him about a murder.

Treated weekly for two months. Returned to a private school. Mother reports he is now perfectly normal and has no further fears. Goes to school happily and is making good progress.

B. (6 YEARS).

Example of Fears. I.Q. 105.

Elder of two children. Father neurotic. Mother very stupid. Mother prefers young brother. Home poor but very clean.

Child referred by N.S.P.C.C., who had been called in by neighbours owing to child's screaming.

Child screamed for hours at night and often whimpered for long periods in the day for no apparent reason. Child thought she saw men at the window and was afraid of Indians. On physical examination was found to have worms. Treatment given at the School Clinic. Father treated at the Radcliffe Infirmary. Mother advised not to talk in front of the child.

Treated for six months fortnightly. Now normal at the Clinic and plays happily in playroom. Mother reports the child goes to bed alone and sleeps quietly. Making good progress at school.

C. (11 YEARS).

Example of Enuresis. I.Q. 90.

Referred for backwardness at school and from home for nocturnal enuresis and nail-biting.

Intelligent parents. Child elder of two girls. Two older boys go to work. Younger girl brighter and rather spoiled. Treated for three months weekly. Enuresis cured. No medicine given at any time during the treatment.

Nail biting still continues. Lying has ceased. Child now goes to senior school, where her progress is quite fair. She is still lymphatic and shows no initiative.

D. (11 YEARS).

Example of Dumbness.

I.Q. 100 (difficult to test owing to dumbness).

Referred by parents. Came from another area where he had been considered deaf and dumb. Unable to speak at all, but obviously able to understand what was said.

Treated for a month at the Clinic, where he learned to say 'aeroplane' and one or two other words. Sent to Rose Lane. Making good progress at school and learning to speak a little. Still has difficulty in articulating clearly, especially when nervous, but can say a great many words and knows to what they refer.

E. (7 YEARS).

Example of Anti-Social Behaviour. I.Q. 90.

Reported from school as being impossible to manage. Restless, destructive and always teasing other boys.

Lives with father (low type of intelligence) and step-mother. Latter has a son of her own who is at the High School. The child lived with an aunt who committed suicide by jumping down a well. Another aunt in hospital. When boy first came to live with his step-mother he was a 'little animal.' Table manners very bad, dirty at nights.

He was seen at the Clinic and found not to be defective but not of high intelligence. Loving little fellow suffering from lack of affection at home. Attended Clinic several times and was never any trouble in the playroom. Step-mother appears to wish to co-operate, and the boy improved greatly both at home and at school for a time.

He was sent to Rose Lane. After the holidays he was impossible and quarrelsome with other children. Always doing naughty things and then saying 'I must be good.' Told teacher he was afraid of going to hell if he was naughty.

Behaviour at school became impossible and he was excluded. Parents at first refused to bring him before the Children's Court, but subsequently did so, and the boy has been sent to an approved school.

F. (10 YEARS).

Example of Anti-Social Behaviour. I.Q. 80.

Reported from school as being backward, defective and morally unsuitable to associate with other boys.

Eldest child of second wife. Father a queer man and mother neurotic. Constant quarrels at home. Children of first family all away except one boy a little older than the patient. Three younger children in second family. Mother very ill when the patient was born and has always disliked the child.

He was treated at the Clinic, found to have an error of refraction and provided with glasses. Improved at school for a time. Family situation better during this period. Parents again began to quarrel and father left mother for a short time. Boy then deteriorated and behaved badly in school. Transferred to Rose Lane, but was sly and made unpleasant suggestions to other boys. Mother returned to her own people and patient remained with father.

The boy has been sent to a Special Residential School, where he has given no trouble and is doing well. Much improved, more friendly and less suspicious of people. Mother writes to him regularly and the boy is always talking about her.

G. (13½ YEARS).

Example of Stammering. I.Q. 112.

Boy attending Secondary School. Bad stammer. Good home, but the boy is jealous of sister, who has been ill and received much attention from parents.

Treated for four months and much improved. Not to attend again unless further trouble is reported. Now speaks without any stammer unless he is nervous or worried.

H. (13 YEARS).

Example of Stammering. I.Q. 105.

Mother not very intelligent. Father a bully. Two boys in family. Boy is not allowed to spend his own pocket-money and is made to do work in the house. He is afraid of his father.

Father was away for years at sea and only came home when the boys were 10 years and 9 years old respectively. Father has 'attacks' — epilepsy.

The boy was treated for some months but there was very slight improvement. The father was interviewed and advised to be more reasonable in his treatment of the boy, but though the man is very plausible there seems to be little change in his attitude.

V. STATISTICS.

Table A is a statistical survey of the cases seen at the Clinic during the year 1932-33, a period during which the Clinic was held on one day weekly, except during school holidays, with notes as to the incidence of numbers.

Table B is an analysis of the causes for which children were referred, showing the apparent conditions noted in the children by the schools.

Table C shows the recommendations made after examination in the Clinic, and the different groups into which the cases then fell.

Table D shows the result of treatment, and in particular the number of children which were able, after treatment, to be classed as normal or approaching normal.

Table E is a survey of cases remaining over to be dealt with in the beginning of the year.

TABLE A.

Statistical Survey of Educational Clinic Cases, 1932-33.

A. Number of sessions held	...	...	...	...	70
B. Total number of cases seen: New	...	...	...	79	
Old	...	...	...	34	
				—	113
C. Total number of attendances	...	...	...	...	332
D. The ages of those seen varied from 5 years to 16 years.					
(The majority were between 7 years and 11 years.)					
E. Sex incidence:				New.	Cld.
Males	...	...	...	54	21
Females	...	...	...	25	13
				—	—
				79	34

TABLE B.

Analysis of causes for which children were referred.

A. Dull and backward alone (to varying degrees)	37
B. Behaviour difficulties alone, e.g. truancy, mischievous children, etc.	...	...	10
C. Viciousness and moral defects, e.g. lying, theft, viciousness, cruelty, etc.	...	...	3
D. Emotional disturbances, e.g. fears, shyness, night terrors, enuresis, stammering and masturbation	...	...	17
E. Retardation and physical defects (fits, etc.)	...	...	2
F. Retardation and emotional disturbances	...	...	3
G. Retardation and vicious tendencies	...	...	1
H. Physical causes (fits, speech)	...	...	3
I. Home and school difficulties	...	...	3
			—
			79
			—

TABLE C.

Recommendations after Clinic Examinations.

A. To be certified under Education Act	...	...	...	9
B. Admit to Rose Lane Class for special instruction and observation	...	...	...	13
C. To attend Clinic for treatment, observation, etc.	...			35
D. To receive special instruction and other measures in ordinary schools, including school backward classes				3
E. To receive medical treatment for physical defects	...			4
F. No action	...	...	...	11
G. Special Schools :				
Occupation Centre	...	...	...	1
H. Social adjustments :				
(a) Alone	...	...	...	1
(b) Combined with school measures	...	...	...	2
				—
				79
				—

TABLE D.

Result of treatment, etc.

A. Remain on Clinic register for treatment and observation (including Rose Lane cases):				
(a) Improved	...	...	...	22
(b) No change	...	...	...	2
(c) Opinion and diagnosis suspended	...			21
				—
				45
B. Ceased to attend Clinic :				
(a) Recovered completely	...	...	...	5
(b) Receiving medical treatment for physical defects	...	...	...	5
(c) Receiving special instruction and measures in ordinary schools	...			4
				—
				14
C. No action taken	...	...	...	11
D. Certified under Education Acts and notified to Local Control Authority	...	...	...	9
				—
				79
				—

TABLE E.

Survey of cases remaining over to be dealt with at the beginning of the year.

A. Remained on register	...	...	...	70
B. Seen in 1933	...	...	...	34
C. Attendances made	...	...	...	79

D. Thirty-six cases could not be dealt with for the following reasons :—

1. Children leaving school at 14+ and following up very difficult owing to employment, etc. The Mental Deficiency Act Committee propose to see the more difficult cases at home, with a view to securing treatment for them where necessary at the Radcliffe Infirmary Psychiatric Clinic.

2. Parents refusing to co-operate any further. Where so many cases wait to be dealt with, and the great majority of parents are most anxious to co-operate, it is impossible to spend much time on trying to persuade parents who do not see the value of what is offered to them.

3. Parents leaving the district.

Twenty-one were boys.

Thirteen were girls.

Ages varied from 6+ to 14+.

Average age between 8—12 years.

All these were receiving treatment or were under observation at the Clinic prior to diagnosis and treatment.

E. Of the 34 cases seen there were found to be :—

Backward, etc.	...	...	...	...	...	15
Physical defects, <i>e.g.</i> enuresis, etc.	...	...	...	...	...	4
Inability to read	...	...	...	...	...	1
Emotional disturbances (shy, fears, terrors, etc.)	...	...	...	...	...	4
Behaviour difficulties, <i>e.g.</i> tempers	...	...	...	...	...	5
Vicious habits (lying, thefts, immoral tendencies)	...	...	...	...	...	3
Home and family circumstances, <i>e.g.</i> step-parents, adopted child	...	...	...	...	...	2
						—
						34
						—

F. Analysing these 34 by results you find :—

1. M.D. (certified, etc.)	...	...	...	8
2. No action	...	...	...	2
3. Left Oxford	...	...	...	1
4. Special Schools, etc. :				
(a) Open-Air	...	...	...	1
(b) Court cases	...	...	...	3
(c) Residential school	...	...	...	1
				—
				16
				—
5. On Clinic Register :				
(a) Improved	...	...	...	14
(b) Not improved	...	...	...	1
(c) Rose Lane	...	...	...	3
				—
				18
				—

GENERAL NOTES ON STATISTICS.

Comparison with the previous year's figures shows :

1. Decrease in number of defective children and cases certified.
2. Excess of males over females continues.
3. Total cases seen showed a decrease owing to the decrease in the number of simply retarded children seen and the relative increase in the number of problem children, who require several sessions for observation and treatment. Moreover, conferences by the Medical Staff in schools brought more suitable cases to the Clinic.

The percentage of defective children found among the cases examined was 6·7 per cent. against 13 per cent. in 1931-32. Thus there is a definite drop of 6 per cent. in the numbers certified, indicating that the work of the Clinic at the beginning was concerned with a greater proportion of retarded children. In other words, arrears in the ascertainment of M.D. children in Oxford are being overtaken in a satisfactory manner.

The other statistics differ little from those of the previous years, except that the total number of cases dealt with is fewer.

The number of cases in which no action was taken remains about the same. In spite of as much hard work and persuasion on the part of the Clinic staff and the Education Department as time permits, some parents continue to prove hostile. They either refuse to bring their children to be seen at the Clinic or refuse to carry out the advice given to them. It is in these cases that the words 'Adult Guidance' should be substituted

for the words 'Child Guidance.' It is felt strongly that if we could pull down this barrier of ignorance and distrust that much future unhappiness and misery might be prevented. Ordinarily we can do nothing with these children unless they happen to be either mentally defective cases or delinquents who have come in contact with the police. A future development of the Clinic would therefore be in the direction of educating that class of parent who through ignorance and tradition has no time for modern methods of Child Guidance work.

One hesitates to claim cures and even improvements in cases which have to be watched over a long period both at school and at home, when teachers or parents or both tend to be somewhat naturally chary of expressing an opinion.

Still, personal talks to mothers and teachers as well as conferences between Clinic Staff and Head Teachers indicate :

1. Unusual interest in the work.
2. A consensus of opinion that much good has been done in many cases.
3. A desire not to judge us by our failures and lack of success in certain cases, but to congratulate us when improvement has been obtained even to a slight or mild degree.

R. J. TOLEMAN,

Medical Secretary.

VI. FINANCIAL STATEMENT.

The total cost of running the Clinic during the year has been £235 2s. 7d., made up as follows :—

	£	s.	d.
Proportion of salary of Social Worker	100	0	0
Printing, stationery and equipment	12	15	6
Proportion of salary of Assistant School Medical Officer	65	11	6
Proportion of salary of Medical Clerk	17	10	8
Rent of Clinic (proportion)	14	4	11
Administration	25	0	0
	<hr/>		
	£235	2	7
	<hr/>		

